

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

6/1/05

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>4/4/05</u>		2 Serial/Patent # <u>10/524910</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
<input checked="" type="checkbox"/>	Filing <u>Fee Change</u>			\$ <u>100.00</u>						
	Amendment			\$						
	Extension of Time			\$						
	Notice of Appeal/Appeal			\$						
	Petition			\$						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
	Other			\$						
		7 TOTAL AMOUNT OF REFUND		\$ <u>100.00</u>						
		8 TO BE REFUNDED BY: <u>CC</u>								
10 REASON:		Treasury Check								
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:								
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					--			
		--								
No Fee Due (Explanation):										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant Examiner</u>								
SIGNATURE: <u>Rita White</u>		PHONE: <u>7/308-9140 ext. 231</u>								
OFFICE: <u>DO/EO</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: